

**Instructions for Completing the Hospital Self Report Form**  
**State of Georgia**  
**Office of Regulatory Services**  
**Health Care Section**

**Reportable Events / Incidents**

This form is designed to be used to notify the Office of Regulatory Services (ORS) of non-patient related events/incidents as specified in the Rules and Regulations for Hospitals, Chapter 290-9-7-.07(2)(b). A separate letter to notify ORS of such events/incidents is NOT required.

**Directions for completing the Hospital Incident Reporting Form**

Please type or print the information. Be as complete as you can: complete information may allow our staff to review the incident without contacting you for more information. Use a separate report for each event/incident: a walk-out is one incident; a walk-out and interruption of telephone service are two incidents.

**The following events/incidents should be reported to the extent that the event is expected to cause or causes a significant disruption of patient care:**

1. Any labor strike, walk-out, or sick-out; or
2. Any external disaster or other community emergency situation; or
3. Any interruption of services vital to the continued safe operation of the facility, such as telephone, electricity, gas, or water services.

**Facility Information:**

Include the name, address, phone number, fax number, e-mail address, as well as the type of facility (psychiatric, critical access hospital, general, long-term acute care, children and adolescents, etc.). The license number is on your facility license/permit. The contact person(s) listed will be the person(s) ORS will contact should a follow-up phone call be needed.

**Incident Reporting Information:**

Record the date and time the incident occurred, the date and time you became aware of the incident, and the date and time you are reporting the incident to ORS, circling am or pm. Check which event you are reporting on the form.

**Anticipated Effect on Patient Care Services:**

Provide a brief summary of the reportable incident: describe what happened, who was involved and what effect the incident has had on patient care services. For example:

*“Cable company contractors cut into telephone trunk lines while laying cable. All telephone service in and out of the hospital has been interrupted. Calls within the hospital have not been affected. The telephone company is anticipating that it could be 24 to 48 hours before service is restored. The interruption has caused communication to be cut with physicians outside the hospital for notification of patient changes/reports and changes to patients’ orders.”*

**Immediate Plans by the Hospital Regarding Patient Management During the Event:**

Provide a brief narrative of your actions taken in regard to the incident. For example:

*“Administrators and supervisors are using cell phones to place and take outside calls to and from families and physicians. Elective surgery has been cancelled and physicians who have patients who can be discharged are being asked to do so.”*

**Sign and date the form** and print your name and title. Return the form via fax to (404) 657-8934. Do not put any information in the box entitled “For Department Use Only”.

Thank you for your cooperation.